

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009406-

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1846**

FILED FEB 28 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS 2018A Senate	
3. NAME OF DECEASED (Type or print) DENNIS SKAGGS		4. DATE OF DEATH Month FEB. Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11a. FATHER'S NAME Robert Skaggs		11b. MOTHER'S MAIDEN NAME Wilma Scott	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		13. SOCIAL SECURITY NO. [REDACTED]	
14. NAME OF HUSBAND OR WIFE None		15. INFORMANT Wilma Skaggs 2018 Senate	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE GASTROENTERITIS		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Thrombosis Inferior Vena Cava & Lt. Renal Vein			
DUE TO (c) Pulmonary Embolism Meningo Encephalitis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 466%		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1515 LAFAYETTE	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 2-17-63 1:35AM to 2-18-63 and last saw her alive on 2-18-63 Death occurred at 10:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 1515 LAFAYETTE	
22c. DATE SIGNED 2-18-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-22-63	23c. NAME OF CEMETERY OR CREMATORY Ausbury Cemetery	
23d. LOCATION (City, town, or county) Bonne Terre, Missouri		23e. STATE	
24. FUNERAL DIRECTOR McLaughlin 2301 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. FEB 20 1963	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

Khatoun
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4537

P. O. Address Sp. Laine, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.